S/A-GRN.001 Rev. 07/14/03 COMMONWEALTH OF PENNSYLVANIA **DEPARTMENT OF CORRECTIONS SCI GREENE** OFFICE OF THE SUPERINTENDENT 724-852-2902

May 21, 2004

SUBJECT: Appeal of Rejected Grievance 83124

TO:

Mr. Rankin

F Unit, D Pod

FROM:

ouis S. Folino Superintendent

I am in receipt of your 05/18/04 appeal of the Grievance Coordinator's rejection of Grievance Number 83124. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 05/06/04.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.:

Rejected Grievance Number 83124

CC:

Deputies' Complex (1)

CSA Grievance File at 83124

DC-15 EU 5850

(inmate 2004\grievances\rejection appea\EU 5850 Rankin and Grievance Number 83124.05-21-04)

Case 1:04-cv-00100-SJM-SPB Document 116-6 Filed 01/12/2007 Page 2 of 46 Filed Vance Hrr-HH 83124 RHUFID-9 5/19 From DERRICK RANKINE EU5850, MAY 18, 2004. This grievance Appenlis late because RHU STAFF have Consistently refused to gave me replacement pens 3rievances; requests to Staff, cash slips sick call Equests and even tiblet tissue to cover-up their crim in Al conduct in the RHU. On May, 2004 Clottenry refused to gave me there quested Number of grievances, and requests to staff, of May 8, 2004. CIO Engelhardt denied me the Above supplie On MAY 18, 2004, Clo Thompson denied ME the Above Supplies and CIO Bowlin reflusted to gave ME A replace-Ment pen since May 18, 2004. This is why, I have 24 Orievances to Appenl to you and is unable to complete these Appenls as yet.
Now, the Above Actions of your staff should convince
you that All my orievances are Factual and correct, by
Cause if I was lying there would be No Need For your
Staff to I sale the time the property of the prop STAFF To be obstructing the due Administration of Just and trying to deny me ACCESS to the Courts & Would like to receive the NECESSAKU supplies to complete my Administrative remedies; in A timely manner Respectfully Denvick Ranking MAG 18, 2004.

COMMONWEALTH OF PENNSYLVANIA **DEPARTMENT OF CORRECTIONS** P.O. BOX 598 CAMP HILL, PA 17001-0598

FOR-OFFICIAL USE ONLY GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

IO: FACILITY GRIEVANCE COORDINATOR	FACILITY: DATE:	
SCI- Greene	SET-BrEETIE 05/01/04	
ROM: (INMATE NAME & NUMBER) ERRICK KANKINE EU 5860	SHENATURE OF INMATE: Jenney anxine	
work assignment: Relief tequested ermanent Separation From Henry	HOUSING ASSIGNMENT:	
INSTRUCTIONS: BIAKEY STICKIES, HEN. 51 1 Refer to the DC-ADM 804 for procedures on the inm.	JEN and Bowlin' ate grievance system.	
 State your grievance in Block A in a brief and unders List in Block B any actions you may have taken to resmembers you have contacted. 	tandable manner.	of staff
A. Provide a brief, clear statement of your grievance. A On MAY 1, 2004, 0 RSKE CIO	dditional paper may be used, maximum two pa	ges.
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that RHUSTAFF is doing por	nething Wrong In the R	HU Ard
Aretyping to cover-upth	Echiminal conduct	
B. List actions taken and staff you have contacted, before		
J checked the inmete hono	16001 and there are 100	pts
requisites Forgetting Dio become A Fraget of Withd SCI-Greene, Albion or S Appenisor Would like to ge	raw my law suit again	31 St.
SCI-GrEENE, Albjon or S	omersetor my crimin	191
APPENISO Would like to ge	t the Above supplies, A to	7111/11/11/21/2
Your grievance has been received and will be processed	ed in accordance with DC-ADM 804.	

DC-804 Case 1:04-cv-00100-SJM-SPB Document 116-6 Part 3

FILEO OMONIZORALTHPOGEPENÍNSÝ LVANIA PARTMENT OF CORRECTIONS OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

FOR OFFICIAL USE ONLY

83122 **GRIEVANCE NUMBER**

DATE:

May 6, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

Inmate Grievance System:

Flynjit, DPoot

FROM:

Sharon L. D'Életto

Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804,

1.		Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:				
		 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures b. DC-ADM 802-Administrative Custody Procedures c. other policies not applicable to DC-ADM 804. 				
2.		Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.				
3.	—	The grievance does not indicate that you were personally affected by a Department or facility action or policy.				
4.		Group grievances are prohibited.				
5.	<u>x</u>	The grievance was not signed and/or dated.				
6.		Grievances must be legible and presented in a courteous manner.				
7.		The grievance exceeded the two (2) page limit. Description needs to be brief.				
8.		Grievances based upon different events shall be presented separately.				
9.		The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.				
10.		You are currently under grievance restriction. You may not file any grievances until				
11.	_	Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.				
12.		The issue(s) presented on the attached grievance has been reviewed and addressed previously.				
Add	litional	Comments:				

SLD/ack

CC:

FILE

DC-15

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

FOR OFFICIAL USE ONLY **GRIEVANCE NUMBER**

CAMP HILL, PA 17001-0598

OFFICIAL INMATE GRIEVANCE	
TO: FACILITY GRIEVANCE COORDINATOR	EACILITY: DATE:
SCI-Greene	SCHAITEEME 0510HOH
FROM: (INMATE NAME & NUMBER)	STENATURE O NIMATE:
WERRICH MANKING EUS 800	HOUSING ASSIGNMENT:
WORKASSIGNMENT: RELIEF REQUESTED	RHA FING
INSTRUCTIONS: CIO COU HENTY, BUNLIN	Stilles RIAKERAN Stilles
1 Refer to the DC-ADM 804 for procedures on the inm	ate grievance system.
 State your grievance in Block A in a brief and unders List in Block B any actions you may have taken to res 	
members you have contacted.	solve this matter. De sure to include the identity of stan
A. Provide a brief, clear statement of your grievance. A	additional paper may be used, maximum two pages.
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and A cup of coffee A lon	d With apit, by Clocogana
STAFF which began 01/30	HE OF the conduct by RHU
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B. List actions taken and staff you have contacted, before	ore submitting this grievance.
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Clothenry Schnar Engelhant	and I hompson refluciated grave
Your grievance has been received and will be processe	d in accordance with DC ADM 904
Too. Shorance has been received and will be processe	d in accordance with DC-ADIVI 604.
Signature of Equilibrication and Countries	
Signature of Facility Grievance Coordinator	Date

S/A-GRN.001 Rev. 07/14/03 **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE** OFFICE OF THE SUPERINTENDENT 724-852-2902

May 21, 2004

SUBJECT: Appeal of Rejected Grievance 83122

TO: Mr. Rankin 15050

F Unit_D Pod

FROM:

Superintendent

I am in receipt of your 05/18/04 appeal of the Grievance Coordinator's rejection of Grievance Number 83122. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 05/06/04.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 83122

CC: Deputies' Complex (1)

CSA Grievance File at 83122

DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 83122.05-21-04)

Case 1:04-cv-00100-SJM-SPB | Document 116-6 2 Filed 01/12/2007 | Page 7 of 46 | 5/1/9 To Superintendent Folino BCI-Greene RHUFID-9. From DERRICK RANKINE EU5850 MAY 18 2004. This grievance Appenlis late because y am been JENIED THE NECESSARY SUPPLIES by RHU STAFF to. FILE MY APPEALS IN A timely MANNEY, NOW SINCE 01/30/ SH to the present time I have been given A capof cuffee and Juice load With spit by Clocky Henry, Sch MAR, BOWEN, Engelhandt Johnson, Sot. Tanner, Stickles Thompson, Marberry, Sterhen and Rausen Winder and Sof-Conner also, The Above MAMED individuals have been removing sugars and other Food items OFF mg tray and give them to other inmates. On Shfurday May 16 2004, Sof. Tunner and Clo Coy gave ME A tray With Hougar and A cup of coffee loaded with Spit and on Synday May 17, 2004 Sot-Tunner told Clu Thompson not to gave me any supplies to prevent m From Filing A OrlEvance, U WAS Not EVEN given A roll OF tissue on Sunday May 17, 2004 by CO Thompson also, Clo, Bowlin refluxed to pave ME A replacement PEN, toothpaste, SUAP, or Gintment. U was Also denie My dinner by Clo Blaker, Piper, Bowlin, and Hendersen

On MAY 17 and 18, 2004; Zn an EFFORT to silence ME I would like to get replacement pen, grievances and requisite the Above behavior by your staff should convince to Investigate my allegations in my grievances and requestince if it was lying their would be no need for the Above retaliatory actions. Respectfulls of May 12 2011.

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

FOR OFFICIAL USE ONLY

Date

	CAMP HILL, PA 17001-0598	ONIE VANGE 140MBEN
OFFICIAL INMATE GRIEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
SCI-Greene	SCHOTEEY	15 0210110H
FROM: (INMATE NAME & NUMBER)	STGNATURE O NIMAT	y E:
WERRICK KANKINE EUS	850,/ 12cm/2 K	ankine /
WORKASSIGNMENT: RELIEF YEAR	HOUSING ASSIGNME	NT:
VERMONENT SEPARATION 9	nim ISHU FIDG	
1 Refer to the DC-ADM 804 for procedu	, Buwlin Stickles, Bl	aker and Stickles
1 Refer to the DC-ADM 804 for procedu	ires on the inmate grievance system	
 State your grievance in Block A in a b List in Block B any actions you may have 	riet and understandable manner.	
members you have contacted.	ave taken to resolve this matter. De	sure to include the identity of stall
A. Provide a brief, clear statement of you	ur grievance Additional paper may b	pe used, maximum two pages.
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B. List actions taken and staff you have Shoke to Deputy C LLEGGET ON OLI 13 and requests; yet Stefanty Schniff En Your grievance has been received and	TES puncte 02/23/01/2	
Your grievance has been received and	will be processed in accordance with	DC-ADM 804.

Signature of Facility Grievance Coordinator

FROMMONWEALTH OF PENNSYLVANIA PARTMENT OF CORRECTIONS

OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:	May 7, 2004	FOR OFFICIAL USE ONLY 83286
SUBJECT:		GRIEVANCE NUMBER
TO: FROM:	Mr. Rankin, EU-5850 F Unit, D Rod Sharon L. D'Eletto Superintendent's Assistant	
	d grievance is being returned to you because you have failed to comply wance System:	rith the provision(s) of DC-ADM 804,
1	Grievances related to the following issues shall be handled according to policies listed and shall not be reviewed by the Facility Grievance Coordin	
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804. 	edures.
2	Block B must be completed, as per the Instruction #3 of the Official Inma	te Grievance Form.
3	The grievance does not indicate that you were personally affected by a De action or policy.	epartment or facility
4	Group grievances are prohibited.	
5. <u>X</u>	The grievance was not signed and/or dated.	
6	Grievances must be legible and presented in a courteous manner.	
7	The grievance exceeded the two (2) page limit. Description needs to be to	orief.
8	Grievances based upon different events shall be presented separately.	
9	The grievance was not submitted within fifteen (15) working days a are based.	fter the events upon which claims
10	You are currently under grievance restriction. You may not file any grievan	ces until Date
11	Grievance involves matter(s) that occurred at another facility and should	ald be directed by the inmate to the

12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

appropriate facility.

SLD:tls

cc: FILE DC-15 Case 1:04-cv-00100-SJM-SPB Filed 01/12/2007 Document 116-6 Page 10 of 46

C-C-804 Part 1

COMMONWEALTH OF PENNSYLVANIA **DEPARTMENT OF CORRECTIONS** P.O. BOX 598

FOR-OFFICIAL USE ONLY **GRIEVANCE NUMBER**

OFFICIAL INMATE GRIEVANCE	A 17001-0598	
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
Shrun Ukleto	SCI-GIERNE	05105104
VFROM: (INMATE NAME & NUMBER) JERRICK RANKING EU 5850	SIGNATURE OF INMATE:	kunas /
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	rine
	RHU FID=9	
INSTRUCTIONS:		_
1 Refer to the DC-ADM 804 for procedures on the inm2. State your grievance in Block A in a brief and unders		
3. List in Block B any actions you may have taken to res		to include the identity of staff
members you have contacted.		
A. Provide a brief, clear statement of your grievance. A		
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to Judge Susan Paradise I have not received my CA	snally lected	pr 43 get
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Prove Min March NAS	OPIK .	LI will lebe
and Superintendent Fo	ence regu	ESTED WITH THE
and Some rintendent Fal	1300	
and appendigned in	11110	
B. List actions taken and staff you have contacted, before	ore submitting this grievan	ce.
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and Asked him to checked have Not received this can	ON THUS IETE	rior misjulatu
have not received this can	shallp As yet	Ť(
Your grievance has been received and will be processe	d in accordance with DC-	ADM 804.
-		
Signature of Facility Grievance Coordinator		Date
•		

Filed 01/12 PARTMENT OF CORRECTIONS

FOR OFFICIAL USE ONLY

83287 GRIEVANCE NUMBER

OFFICE OF THE SUPERINTENDENT'S ASSISTANT SCI-GREENE

DATE:

May 7, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

F Unit, D Rod

FROM:

FILE

DC-15

CC:

Sharon L. D'Eletto

Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

- 1. X Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.

2.		Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3.		The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4.	_	Group grievances are prohibited.
5.	<u>x</u>	The grievance was not signed and/or dated.
6.		Grievances must be legible and presented in a courteous manner.
7.		The grievance exceeded the two (2) page limit. Description needs to be brief.
8.		Grievances based upon different events shall be presented separately.
9.		The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10.		You are currently under grievance restriction. You may not file any grievances until Date
11.		Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12.		The issue(s) presented on the attached grievance has been reviewed and addressed previously.
Add	itional C	Comments:
SLD):tls	

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY
83287
GRIEVANCE NUMBER

OF	ICIAI	INMATE	GRIEVANCE
OF	'IUIAL		GRIEVANCE

Signature of Facility Grievance Coordinator		Date
Your grievance has been received and will be process	ed in accordance with DC-A	ADM 804.
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B. List actions taken and staff you have contacted, be a sked CIV Anderson who and WAS told because ation of rights 19 then pressed asked to dream to the RHV this pen and filed things	of could not ha	ve my legal material
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members you have contacted. A. Provide a brief, clear statement of your grievance.		
 Refer to the DC-ADM 804 for procedures on the inn State your grievance in Block A in a brief and under List in Block B any actions you may have taken to re 	standable manner.	o include the identity of staff
INSTRUCTIONS:	note griovance statem	
WORKASSIGNMENT: \$1553/JAG TELIEF KEGMESTEL	HOVSING ASSIGNMENT:	
PROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	uno)
TO: FACILITY GRIEVANCE COORDINATOR	SCELITE TE	05/06/04.
		DATE:

Attachment B

DC-ADM 804, Inmate Grievance System

DC-804

Part 2

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598 CAMP HILL, PA 17001



OFFICIAL INMATE GRIEVANCE INITIAL REVIEW RESPONSE

GRIEVANCE NO. 83769

TO: (Inmate Name & DC No.)

Rankin, Derrick

FACILTIY

HOUSING LOCATION

GRIEVANCE DATE

5-13-04

The following is a summary of my findings regarding your grievance:

I am in receipt of your grievance dated 5-10-04 and have been assigned to investigate and respond.

In your grievance you state the following: Since January 30, 2004, RHU staff have been removing sugars, food items and spitting in my trays before giving them to me. For example on Saturday Sgt. Tanner gave me a proper tray with 8 sugars and a clean cup of coffee; right after this Sunday 9, 2004, C/O Henry and Coy gave me a tray with 5 sugars with spit in the tray and today Monday 10, 2004, C/O Coy and Henry gave me another tray with spit in the tray and 4 sugars. I returned these trays with the covers off to C/O Henry who assaulted me with these trays by pushing them back in my cell thus hitting me on the arms and stomach.

I interviewed you on 6-01-04 and you conveyed to me the above listed allegation. You also provided numerous other examples of this type of alleged behavior by RHU staff. I interviewed Officers Coy and Henry, and all others you have accused as displaying assaultive behavior towards you, and they all adamantly deny your accusations.

In conclusion, your claims are completely lacking in merit and cannot be substantiated. You are reminded to use the grievance system in good faith and the filing of fictitious grievances, which you have done many times in the past, can result in grievance restriction and/or misconducts issued.

This grievance is denied.

cc: Deputy Barone
Deputy Jackson
Grievance Coordinator
Records
Tracking Clerk
File

Print Name and Title of Grievance Officer	SIGNATURE OF GRIEVANCE OFFICER	DATE
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R.Workman COIII	12. THOU COLU	6-1-04

	Case 17042cv-00100-SJM-SPE	B Document 116	6-6 Filed 01/12/2	007 Page 14 of 46	
(Part 1 Processing C	OMMONWEALTH OF DEPARTMENT OF CO P.O. BOX S	ORRECTIONS	FOR OFFICIAL USE ONLY	
70 (SALAM SUMA OFFICIAL INMATE GRIEVANCE	CAMP HILL, PA 1	7001-0598	GRIEVANCE NUMBER	
	FROM: (INMATE NAME & NUMBER)	DR F	ACILITY: JUNEUE RENATURE OF INMAPE:	PATE: 10,2004	
	WORKASSIGNMENT:	15850 1	Demok Ca IQUSING ASSIGNMENT:	ntine	
	BIOODIAN TELLETTE QUE	ESTEU Y	SHU FIDE		
	 Refer to the DC-ADM 804 for process. State your grievance in Block A in a state in Block B any actions you may members you have contacted. 	a brief and understar	ndable manner.	to include the identity of staff	
	A. Provide a brief, clear statement of SINCE JANUARY 30,	200 H. R	HU ATHEF AN	ive been removin	ng
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	Fray and 4 Suga	rs.y ref	turned thes	etrays with A	P
	the Covers off With these trays thus hitting me on	by pushing the Arms	ng them be and stoma	tck in my cell	
	B. List actions taken and staff you have Safe	ve contacted, before	submitting this grievan	ce, ,	
	and Sat Tanner fold Dent A request to	ME; Gd	out aive AF	inck, die 19 then	
	D would like A DEY intendent AND the OF this on 4/13/04; an	SONAL CO PRC. J.	nterence zatarmel ci rekson on o	With the Super Apthin HAIT It LESS 4 12/04 to NO AVA	3E
	Your grievance has been received and	u will be processed if	n accordance with DC-,		
	Signature of Facility Grievance Coor	dinator		Date	

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 June 17, 2004

SUBJECT: First-Level Appeal

To Grievance Number 83769

TO:

Mr. Rankin, EU-5850

F Unit, D Pod

FROM:

Louis S. Folino

Superintendent

I am in receipt of your grievance number 83769, dated June 7, 2004; the Initial Review Response by Lieutenant Workman, dated June 7, 2004; and your first-level appeal received in this office on June 15, 2004.

After careful evaluation of the attached grievance, it is the determination of this Superintendent that the action and response provided by investigating staff will be upheld.

I find the issues raised at first-level appeal, were addressed appropriately and responsibly by staff at initial review.

I must remind you again that you must use your name of commitment when corresponding with the Department of Corrections.

Your appeal is hereby denied.

LSF:ack

CC:

Deputies

Grievance Coordinator

DC-15

<u> </u>	<u> </u>			
Form DC-135A	Commonwealth of Pennsylvania			
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections			
Α .	INSTRUCTIONS			
Grievance Appenl	Complete items number 1-8. If you follow instructions in			
4 83769	preparing your request, it can be responded to more promptly and intelligently.			
1 To: (Name and Title of Officer)	2. Date: 2			
Superintendent Foling	JUNE 12,0004			
3. By: (Print Inmate Name and Number)	4. Counselor's Name			
DERRICK KANKINE BUS 850.	Mr. Tvan			
Dari V Ranking	5. Unit Manager's Name			
Inmate Signature	Captain Hall			
6 Work Assignment -	7. Housing Assignment			
PERSON AI CONFERENCE PEQUETE	RHUFID9.			
8. Subject: State your request completely but briefly. G				
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A COUDE COFFEE WAREN WITH	Duit busat. Tanners then Dins			
the state of the s				
denied my lunch in retaliation	for DEFLING TO COLLEGE THE			
Above problems by Soft Jann				
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Take to an arthoute line	1 2004 that my allegations were			
HUE and that IL WAS BEEN CL	ONE IN VEHILLATION LET ALL THE			
arievances that filed hust	as Sot Tunner denieume mu			
tunch on 06/12/04 zpitetA	intion for fulnothese grievance			
and refuseing to withdraw h	15 CHILL BAW SCITS BOLL WORLD			
	ng Mantia s an Evinces			
TO DC-14 CAR only Deprice Caroline	To DC-14 CAR and DC-15 IRS			
Staff Member Name //	Date			

File COM'12 NOVEALTH OF PENNSYLVANIA **ARTMENT OF CORRECTIONS** OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE: May 13, 2004

83774 **GRIEVANCE NUMBER**

FOR OFFICIAL USE ONLY

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850 F. Unit, D. Rod

FROM: Sharon L. D'Eletto

Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1.		Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:			
		 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures b. DC-ADM 802-Administrative Custody Procedures c. other policies not applicable to DC-ADM 804. 			
2.		Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.			
3.	_	The grievance does not indicate that you were personally affected by a Department or facility action or policy.			
4.	4 Group grievances are prohibited.				
5.	5. X The grievance was not signed and/or dated.				
6.	6 Grievances must be legible and presented in a courteous manner.				
7.		The grievance exceeded the two (2) page limit. Description needs to be brief.			
8.		Grievances based upon different events shall be presented separately.			
9.		The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.			
10.		You are currently under grievance restriction. You may not file any grievances until			

11. ___ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the

12. ___ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

appropriate facility.

SLD/ack

CC: FILE DC-15 PETSONAL CANTERENCE WITH I NC and The Safe WILLIAM

DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 **CAMP HILL, PA 17001-0598** FOR OFFICIAL USE ONLY GRIEVANCE NUMBER

_	 	INIBAATE	GRIEVANCE
	 141	INMAIL	LIKIE VANLE

OFFICIAL INMATE GRIEVANCE	
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: DATE:
Sharin D. E. Letto (FROM: (INMATE NAME & NUMBER)	SCI-GNEETIE 05/07/04 (SIGNATURE) OF INMATE: 0
JERRICK RANKINE EU 5850	Jenick Cantine
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:
\$1153 My relief requested.	KHU FID-9
INSTRUCTIONS:	
1 Refer to the DC-ADM 804 for procedures on the inm 2. State your grievance in Block A in a brief and unders	
3. List in Block B any actions you may have taken to res	
members you have contacted.	
A. Provide a brief, clear statement of your grievance. A	Additional paper may be used, maximum two pages.
Since 05/03/04/0 have deep	m denied all meals by clocky
Henry Engelhardt Blaker Jone	=> Johnson Stickles and Kelly
The artistion Ex Filing A	civil law Suit against SCI-GIESTIE
Zhire minimum 181 1 ming n	TO ME IN THE SEX WAS LETTER OF COMME
officer and for relating to	SECOME A homosexual withdraw
my criminal appeals and my	Law suits against 39 mision
10 marker and Cot 11 mm 100	(e 644 F)"
E VAMILE AND FOLINI	1 2 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10
Henry Cay, Engelhand Went	Lymn cell and Apid allour
HENry 1009, FIGERIAIDI NEI	TO THE ENGINEER THE MET UP
IN THE NEW MOTON COLUMN	er and stickles threatsher t
IN MENDER THEN CIENTE	a Mie 1119 amiliei on Ochron
and 05/05/04; then Clo Bo	willin Harentened to Killel ME
am 03/03/04; There to be	Il was described to me described
on 05/06/04 and then 40	HENRY A ENIDA ME MY AMILE
craiming my lights were Not	On and my lunch and brenk first on 05/07/04
B. List actions taken and staff you have contacted, before	ore submitting this grievance.
DZMIORMEI SGT Janner Sa	ntage the Hearing examiner
kind PRC OF the About Dala	ntage the Hearing Examiner so informed Dr. Sacks and Mr. Jun
anoslo4104 OF the Above	The mainificant of ALDERICO
CHOTOHOPOT ME 11 BOVE	- In the property in the
REPORTED ME ABOVE TO PKC	and Joent a request to the talinhon Clo Anderson town
Suberintendent and Zn NE	talingon Clo Houseson town
1) ICENZO NOTTO WINE ME MU IE	GRIMATEITHIS ON ZINGENT BACKAGES
Your grievance has been received and will be processed	ed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DC-804 Case 1:04-cv-00100-SJM-SPB Document 116-6 Part 3

FILEGOMM 2/210/05ALTPIQUE PLENNIS Y LVANIA 'ARTMENT OF CORRECTIONS

FOR OFFICIAL USE ONLY

OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:

May 13, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

Flonit, DP6d

FROM:

Sharon L. D'Eletto

Superintendent's Assistant

83772 **GRIEVANCE NUMBER**

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804. Inmate Grievance System:

1		ances related to the following issues shall be handled according to procedures specified in the es listed and shall not be reviewed by the Facility Grievance Coordinator:
	a.	DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
	b.	DC-ADM 802-Administrative Custody Procedures
	C.	other policies not applicable to DC-ADM 804.

2.	 Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3.	 The grievance does not indicate that you were personally affected by a Department or facility action or policy.

4.	. (Froun	grievances	are	prohibited.
\lnot.		JIDUP	grievarioes	aic	prombited.

ე.	<u> </u>	i ne grievance was not signed and/or dated.	

6. ____ Grievances must be legible and presented in a courteous manner.

7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief.

8. ___ Grievances based upon different events shall be presented separately.

9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.

10. ____ You are currently under grievance restriction. You may not file any grievances until _____.

11. ___ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.

12. ___ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

CC: FILE

DC-15

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598 FOR OFFICIAL USE ONLY

83772

GRIEVANCE NUMBER

OFFICIAL.			
OFFICIAL	INMAIL	GRIEVANCE	

TO: FACILITY GRIEVANCE COORDINATOR	EACILITY: SCI-Greens	MAY 09 2004
PROM: (INMATE NAME & NUMBER) DERRICK RANKINE FUE 850	SIGNATURE OF PHOPATE:	Rings
WORKASSIGNMENT:	HOUSING ASSIGNMENT:	19070
INSTRUCTIONS:		
 Refer to the DC-ADM 804 for procedures on the inm State your grievance in Block A in a brief and unders List in Block B any actions you may have taken to res 	standable manner.	include the identity of staff
members you have contacted.		
A. Provide a brief, clear statement of your grievance. A March 7, 2004, (10)	: A L	
AWAY MY LIBRAY books	and Refuse	d to returned
them Zntimney with bo	D) to the J	Library, which
is causing the Library	to refluor	to Dent ME
any books from March		
time his we causing reposchological dutess r	as a have he	en deviced my
1 Wichlus books: Manager	neni book av	na Hadounting.
books and positive ment	Al otimuli bu	g CIO Anderson
and RIAKER		
PERSONAL CONFERENCE	With PKCO	and Superintend
ENT VEQUESTED B. List actions taken and staff you have contacted, before	ore submitting this grievance	
SINCE MArch 7, 2004 9 mas		\
Clo Anderson or Binker	to Digned my	library request
INAL A CONTRACTOR	id, my last at	tempt whs on
and RHULT About the Abov	stoms, request	O'NO BANILO
also informed Mr. Zvan Abo	out the Above	
Your grievance has been received and will be processe	ed in accordance with DC-A	DM 804.
Observation of Fe 27 Observation		
Signature of Facility Grievance Coordinator		Date

S/A-GRN.001 Rev. 07/14/03 **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE** OFFICE OF THE SUPERINTENDENT 724-852-2902

May 21, 2004

SUBJECT: Appeal of Rejected Grievance 83774

TO: Mr. Rankin 13850

F Unit, D Pod

Louis S. Folino FROM:

Superintendent

I am in receipt of your 05/18/04 appeal of the Grievance Coordinator's rejection of Grievance Number 83774. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 05/13/04.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Rejected Grievance Number 83774 Attach.:

CC: Deputies' Complex (1)

CSA Grievance File at 83774

DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 83774.05-21-04)

Case 1:04-cv-00100-SJM-SPB Document 116-6 Filed 01/12/2007 Page 22 of 46 to Superintendent Folinoi BCI GrEENE FID-9. RHU 5/19 From Derrick RANKINE, EU 3850, MED 18 2004 BETWEEN the period 01/20/04 to the present time RHUSTAFF have denied me All ments between 02/22/04 FO MArch 1, 2004, and 05/03/04 to 05/08/04 and NOW SINCE MAY 17, 2004, Clo BINKER, HENDERSEN, BOWLINAM Piper have denied me my dinner zn retaliation Forkellusing to Withdraw my criminal Appeals, reflusing to Withdraw my law suits against SCI- Albion and Bomerset and Now SCI Breene and refusing to have A homosexual relationship Greene and retusing to have A homosexual relationship with cloblaker, clo Henry, Stickles, Hendersen, Anderson, Bowlin, Stephen, Manberry and Rausenwinder; Now, eince April 2004, I have been denied orievances pens, requests to staff cash olips tissue, and sickcall requests by Clo Coy, Henry Engelhand Thompson and Schnap, Without provocation or justifications, do my grievances Appenls will All be lated have Also Not receiving 2ndigent legal packages for April and May 2004 as yet. O asked MB Dicenzo For these today and he told me that he would 2n Form Mr Higgins. again, & would like a permanent separation From the above listed of AFF members; Now that Clo Blaker, Hender sen, Henry, Coy, Schnap, Stickles, Anderson and Tanner and Santogo shows that they intends to harm me by denying me my meals. Romost Mully Respectfully Jemich Kankino MAU 18, 2004.

U have 1:04-cy-00100-SJM-SPB Document 116-6, Filed 01/12/2007 Page 23 of 46

DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	EACILITY: DATE: SCI-Greene 05/07/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU 5850	SIGNATURE OF IMMATE:
WORK ASSIGNMENT: \$11531 Au TELIEF PEQUESTEL	HOUSING ASSIGNMENT:
INSTRUCTIONS: 1 Refer to the DC-ADM 804 for procedures on the inm	
State your grievance in Block A in a brief and unders List in Block B any actions you may have taken to remembers you have contacted.	standable manner.
A. Provide a brief, clear statement of your grievance. A	Additional paper may be used, maximum two pages.
HENRY Engelhardt Blaker Jone	m denied All ments by clocky Stickles and Kelly
In METALIATION For Filing A	civil LAWSuit against SCI-UNEINE
other and for retusing to	SECOME A homosexual withdraw
my criminal appeals and my Somerset and SCI-Breene	LC NAMED 1
E VIAMINE AIR OF FOLLOW	~ 51~51ai ~5106 lah and 00101114
MI WE OF WHILE ALL WILL CHILLS	
1) I'm MATAN' (10 /SIANG	EVANUESTICNES THERMSHEAL
IN INCIAND THE CIRPLE	a Mie Mio Amiliei Omodioakoa
and 05/05/04; then Clo Bo	WIN TRIENENED TO MINEL
on 05/06/04 and then Clo	MENTO A EXIMAL MARE MY ANNUAL MAN
B. List actions taken and staff you have contacted, before	on and my lunch and brank Find on os 107 04. ore submitting this grievance.
UZNFORMED Sof Tanner Sa	ntage the Hearing examiner
and PKC OF the Above. Val	so informed Dr. SACKs and Mr. Iwn
anoslo4104 of the Above	- In my miscondact Applement
Suberintendent and In ME	the man delle the same of the min
DICENZO NOTTO CANE ME MO LE	GRIMATERIALS and Endistant packages
Your grievance has been received and will be processed	ed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

S/A-GRN.001 Rev. 07/14/03 COMMONWEALTH OF PENNSYLVANIA **DEPARTMENT OF CORRECTIONS SCI GREENE** OFFICE OF THE SUPERINTENDENT 724-852-2902

May 21, 2004

SUBJECT: Appeal of Rejected Grievance 83772

Mr. Ranking 35550 TO:

F Unit, D Pod

FROM:

Superintendent

I am in receipt of your 05/18/04 appeal of the Grievance Coordinator's rejection of Grievance Number 83772. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 05/13/04.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 83772

CC: Deputies' Complex (1)

CSA Grievance File at 83772

DC-15 EU 5850

(inmate 2004\grievances\rejection appea\LEU 5850 Rankin and Grievance Number 83772.05-21-04)

Case 1:04-cv-00100-SJM-SPB Document 116-6 Filed 01/12/2007 Page 25 of 46 Grievance Append to 83772

Superintendent Folino SCI-Greene. From DERRICK RANKINE RHUFID-9, MAY 18, 2004. My Appeal of this grievance is late because since 1/2 THE RHUSTAFF have refused to gave me the requests supplied to filed my orievances and misconduct appeals in Atimel Manner It is also my contention that Clo Blaker, Coy, Henry Stickles, Hendersen, Bowlin, Anderson, Sct. Tanner and Santogo have been and is stenling my malls, destroying my mails and Not Dending my grievances and letters in A timely manner, for example on Sunday May 16, 2004, Clo Thompson refused to gave any grievances, requests to staff, sick call requests and cash stips and a roll of tissue; so am Forced to sent you this Appeal on this typing sheet also From April 2004 C10 Henry, Coy, Engelhardt and Thompson and Schnap have reflused to gave the the me the requested supplies; and sol Tanner refused to corrected the Above Abuses. CIOBINKER Piper, Bowlin have denied me my dinner on 25/17/04, and on 03/18/04, Cho Blaker and Hendersen again denied me my dinner and I am unable to File A grievancel cause I do Not have A grievance. Now to the issue on this grievance. This grievance WAS signed with my correct Name and signature and it WAS dated MAY 9, 2004; SO the grievance Officer is incorrect. JAHEN MAY 9, 2004; SO THE GRIEVANCE OFFICE IS INCOMED IN AM STILL WHAT IS AM STILL WHAT IN ANDERSON REFUSED TO RETURN THIS BOOK OF SIGNED MY LIBRARY REQUESTS. J. WAS NOT GIVEN A LIBRARY BOOK ON OSIO 2104, OSIO 9/04, and OSI/6 104. J. Would like my library book return to the Library and Aperman Ent Separation From Clo Blaker, Henderson, Anderson, Stickles Santogo, Agostino, Tanner, Coy and Henry With Schamp Thank you Respectifully John Schamp Thank you Respectifully John Schamp Thank you Respectifully

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE ONLY

P.O. BOX 598 GRIEVANCE NUMBER **CAMP HILL, PA 17001-0598** OFFICIAL INMATE GRIEVANCE FACILITY GRIEVANCE COORDINATOR Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. conference with PRC and Superintend and staff you have contacted, before submitting this grievance.

Signature of Facility Grievance Coordinator

Date

Attachment B

DC-ADM 804, Inmate Grievance System

DC-804

Part 2

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

OFFICIAL INMATE GRIEVANCE

CAMP HILL, PA 17001

ONIEVANOL NO. 03331	GRIEVANCE NO.	83997
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INITIAL REVIEW RESPONSE	·	GRIEVANC	E NO.	83997
TO: (Inmate Name & DC No.)	FACILTIY	HOUSING LOCATION	GRIEVANCE	DATE
Rankin, Derrick	SCI-GRN	FD 09	05	-12-04
The following is a summary of my findings regarding I am in receipt of your grievance and have claim staff threatened you, "Saying I'm goi Fucker, piece of Shit and a N*****.	been assigned to			
Inmate Rankin I felt an interview was grievance you name numerous staff member anyhow that you name in your grievance a day state at no time did these accusations after reviewing your 17x there are numerous describes how you use abusive language to discredit good Officers.	ers that was not bout these allega take place, or wo us entries from di	even working 05-10-04, ations. The Staff member ould they conduct themse ifferent shifts about your	but I question s that were welves in this magative behaves	ned staff vorking this nanner. Also avior that
In conclusion I find no arguable facts denied.	s to support any o	of your allegations so the	refore your g	rievance is
cc: Grievance Coordinator DC-15 Deputy Barone Deputy Jackson				
	SIGNAT	URE OF GRIEVANCE OFFIC	ER	DATE
D.P. Meighen COIII	DP me	in COTA		05-22-04

Part 1 Conditions

OFFICIAL INMATE ODIEVANCE

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONL	Υ
8 3997	8
	_
GRIEVANCE NUMBER	

5/20

OFFICIAL INMAIL GRILVANCE			1-
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: SCI-LIVEE NE	PATE: MAY 12, 2003	'
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INTIMATE:	(44.0.1	

WORK ASSIGNMENT: HOUSING ASSIGNMENT:

INSTRUCTIONS:

1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.

2. State your grievance in Block A in a brief and understandable manner.

3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. Since Monday May 10, 2004, Clo Stickles, Hendersen, Anderson and Blaker have been coming to my cell door and threatening to Kill Me, and calling me. A peice of shit and A otupid mother-Fucker. Without provocation or Justification for example to day Clo Anderson came to my cell door with Clo Blaker, Hendersen and Stickles and shid am going to Kill you you stupid mother fucket and Clo Stickles said, yes, you piece Ashit, we are so ing to Kill unless you withdraw you law suit, you also going to die Nigger! While Clo Hendersen and Blaker laughted, all of this was done without provocation or gustification. Personal Conference with Provocation or Suberintendent requested.

B. List actions taken and staff you have contacted, before submitting this grievance.

Spressed emergency button and asked to apenk to RHULE to NO AVAIL D have been and continues to asked For a separation From Clothendersen, Henry, Anderson, Stickles Blaker, Bowlin, Stephen, Manberry, Engelhardt, Rausen Winder, Santoyo, Tanner, Conner, Leggett, Meighen From Colling Conner, Leggett, Meighen From Conner, Leggett, M

Your grieyance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

COM. NWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS OFFICE OF THE SUPERINTENDENT'S ASSISTANT SCI-GREENE

DATE:

May 21, 2004

F Whit. D Pod

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin Ed 3350

FROM:

Sharon L. D'Eletto

Superintendent's Assistant

FOR OFFICIAL USE ONLY 84547 GRIEVANCE NUMBER

Inmate Grievance System:

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804.

- Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
- 2. ____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
- 3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
- Group grievances are prohibited.
- 5. X The grievance was not signed and/or dated.
- 6. Grievances must be legible and presented in a courteous manner.
- 7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief.
- 8. ___ Grievances based upon different events shall be presented separately.
- 9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
- 10. ____ You are currently under grievance restriction. You may not file any grievances until _____
- 11. ___ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
- 12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

CC: FILE

DC-15

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598

FOR OFFICIAL USE ONLY

CAMP HILL, I	PA 17001-0598	GRIEVANCE NOWIBER
OFFICIAL INMATE GRIEVANCE		
5 PAYON DELETTO	SCT-Greens	May 19, 2004
FROM: (INMATE NAME & NUMBER) DER RICK RANKINE EU. 5850	SIGNATURE OF MINATE:	nkine
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	
INSTRUCTIONS: 1 Refer to the DC-ADM 804 for procedures on the inn		
 State your grievance in Block A in a brief and under List in Block B any actions you may have taken to remembers you have contacted. 		to include the identity of staff
A. Provide a brief, clear statement of your grievance. Since January 20, 2001		
NECESS Ary OFIE VANCES YE	quests to M	TAFF, CASh, slips
and MEDICAL REQUESTS to remedies-For example or	Complete m	19 administrative
MAG SHIED IES AN MAIA & 200	le Clathorina	ndt denieu.Mb
CUEDLIES ON MAUS 2004C	10 COU DENIE	MIE SUPPILES,
On May 12, Closchiar del Clothompson denied ME	FULLY H MADILIO	TESSUE and
	/ \V\\\ A \ \ (\)\\ \ \ \ \	
TOUTHIT, 2 CASH Slips I SI NUMBER OF GRIEVANCES	CK / HII YISYM	ZZI, IVQMO TIIVH
ALTAIN Larievances With	12/E9/JESP	to STAFF HISICK
CAN requests and HCASI	slipar	
B. List actions taken and staff you have contacted, before DEPUTU JAKKSUN	fore submitting this grievand	Captain Hall
and It LEGGETT, on OH1131	off, and File	J. Numerous
Orievances and requests Mr-Ivan of this dalso info		ptain Itall and tow nner of the Above
	yet this con ng the truth	tinues. This phoul
Your grievance has been received and will be process		

Signature of Facility Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 June 3, 2004

SUBJECT: Appeal of Rejected Grievance 84714

TO:

Mr. Rankin, EU-5850

F Unit, D Pod

FROM:

Sul Fax Louis S. Folino

Superintendent

I am in receipt of your May 28, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 84714. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated May 24, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC:

Deputies

CSA Grievance File at 84714

DC-15 EU-5850

Form DC-135A	Commonwealth of Pennsylvania			
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections			
Grievance Appen	INSTRUCTIONS			
EVANO HPPEM	Complete items number 1-8. If you follow instructions in			
# 84714	preparing your request, it can be responded to more promptly and intelligently.			
1. To: (Name and Title of Officer)	2. Date:			
Superintendent Folino	MAy 28, 2004			
3. By: (Print Inmate Name and Number)	4. Counselor's Name			
DERRICH KANKINE EU 5850	r. Ivan			
Jamick Kankine	5. Unit Manager's Name			
Inmate Signature	Cartain Hall			
6. Work Assignment	7. Housing Assignment			
	RHU FID 9.			
8. Subject: State your request completely but briefly. G	ive details.			
This grievance was signed and	I dated with my correct NAME			
and May 22, 2004. The griev	ance officer and not discussed that			
OriEvance with me as required	DC MDYVI 80H			
TOWNERS OF CONTRACT RELIEF	1.2004 J WAS DENIED AT MY			
Sat Conjuga On Each date i) wi	HENDERSEN HINERSON, liper and			
THE CELLICITE ON CINT NEVE	EV YE MUSE and I mu MEN = .			
according to Clo Briker, Hendersen, Bowlin, Anderson, and Stickles				
I will be denied my men's pupplies and library books undouth				
ing = until) (1) have A homosexual relationship with Clo Stickles				
BIAKER HENDERSEN and Anderson	1, 2) With draw my LAW Suits godinst			
SCI-Greene Hibion and Somerse	+ 3 withdraw my criminal applials			
and I O continue to reflucion the	Irdemands, I will be killed, or they			
	ng mails.			
13 DASK ME THAT INEQ BYE 3	Effous I was not siven anomail			
and all man loundry looks taken	Alaker Jaker Jaker			
12 MEIGHEN Set SONTONS SECVET	Ara REANT and DEL to Shaffer of			
this and as my life was threatened today again by C/U Anderson				
Stickles Blaker and Henjersen S	am in need of 3 (IX) boxer 3(3X)			
T- Shirts, A DhEET, A pillow and	A pillow CASE At this time with			
A PEN, A tochypste and A Doap plus some requests to other				
CISO) Hould like Clo Henderse	h Anderson Binkervand Stickles			
removed from Argana me pe	rmanently of thank you in Alvang			
bushers Baracker	and consideration an the above			
TO DO 14 CAR ONLY TO A DAY STOCK NOT IN	To DC 44 CAR and DC 45 IDC II			
TO DC-14 CAR ONLY DUY SEY VUNT IN	To DC-14 CAR and DC-15 IRS			
Anno Tro	MA account			
Staff Member Name Concer Canthy	10 Date MAy 29 2004			

DC-804 Case 1:04-cv-00100-SJM-SPB Document 116-6 Part 3

CC:

FILE DC-15

File CON 12/18/00 EAL THE COST PENNSYLVANIA .PARTMENT OF CORRECTIONS OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

FOR OFFICIAL USE ONLY

DATE:	May 24, 2004	84721		
SUBJECT:	Grievance Rejection Form	GRIEVANCE NUMBER		
TO:	Mr. Rankin, F. Unit, D. Pod			
FROM:	Sharon L. D'Eletto Superintendent's Assistant			
The attached Inmate Grieva	grievance is being returned to you because you have failed to comply vance System:	with the provision(s) of DC-ADM 804,		
	Grievances related to the following issues shall be handled according to policies listed and shall not be reviewed by the Facility Grievance Coordinates.			
b	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804. 			
2 E	2 Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.			
	The grievance does not indicate that you were personally affected by a Department or facility action or policy.			
4 Group grievances are prohibited.				
5. <u>X</u> T	5. X The grievance was not signed and/or dated.			
6 Grievances must be legible and presented in a courteous manner.				
7 T	7 The grievance exceeded the two (2) page limit. Description needs to be brief.			
8 G	Grievances based upon different events shall be presented separately.			
	The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.			
10 Yo	You are currently under grievance restriction. You may not file any grievances until Date			
	Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.			
12 Ti	2 The issue(s) presented on the attached grievance has been reviewed and addressed previously.			
Additional Cor	mments:	-		
SLD:tls				

WITH UNFILL MISSISSENS CRIC FRO

FI JUNESTED

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

STILL STATE OF THE ST

Date

OFFICIAL INMATE GRIEVANCE	L., A 17001-0390
TO: FACILITY GRIEVANCE COORDINATOR	EACILITY: O. DATE:
Sharon DELETO	ISIGNATURE OF INMATE:
GERRICK KAYKING EU 5850	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:
	RHU FID=9.
INSTRUCTIONS:	
1 Refer to the DC-ADM 804 for procedures on the 2. State your grievance in Block A in a brief and uncompared to the procedure of the procedures on the procedures on the procedures on the procedures of the procedures of the procedures on the procedures of the procedure of the procedures of the procedures of the procedure of the procedure of the procedures of the procedure of the	
3. List in Block B any actions you may have taken to	o resolve this matter. Be sure to include the identity of staff
members you have contacted.	
1/ 1 ~ "	e. Additional paper may be used, maximum two pages.
21nd=0andrig 29 200	40 have sent and asked
for the NECESSARY top	ing sheets carbon paper
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brief to Dent to the C	out and you have well every
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Rupplies: Nich as Dutris	3ht lies; Not responding to
my reasons and over	mnces 101 162 p 119119 10
my requests and griet	Living Care Live shorts 90
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CARBON PAPERS 5 manily	FIEVE LODES, LODENS OCCESS
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to prepare and mail mu	Appellate brief to the cours
Zn'A timely manners the	ankayouzn Advance
B. List actions taken and staff you have contacted,	before submitting this grievance.
27 Canually, Lebury, 1911	April and May O Dent numer NGES to the Superintendent,
OUS requests and grieval	
CAPINIT ANIL MISS MOSTIP	I'll Ivan Miss Buttan PRC
O MAS OLVEN 50 TOPING ONE	
100 typing sheets in March	I. WITH LOCAL BOON EMPERS DINCE
then Noth those would like	to obtain the nouve supplies
Your grievance has been received and will be proce	essed in accordance with DC-ADM 804.
·	

Signature of Facility Grievance Coordinator

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 June 3, 2004

SUBJECT: Appeal of Rejected Grievance 84721

TO:

Mr. Rankin, EU-5850

F Unit, D Pod

FROM:

Louis S. Folino

Superintendent

I am in receipt of your May 26, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 84721. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated May 24, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC:

Deputies

CSA Grievance File at 84721

DC-15 EU-5850

Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
Brievance Appenl	INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1 To: (Name and Title of Officer)	2. Date:
Superintendent Folins	MAy 26, 2004
3. By: (Print Inmate Name and Number) DERKICK RANKINE EU 5850	4. Counselor's Name
denick Sanking	5. Unit Manager's Name
Inmate Signature	Captain 17AII
6. Work Assignment	7. Housing Assignment RHU FID 9
8. Subject: State your request completely but briefly. G	LIANT LANGE AND ASSESSED AND ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA
A STAPLEY and FOR THE NECESSA PENS and ENEVELOPES TO PYEND BY THE STORY OF THE COURTS - and D had been and the Courts - and D had been and to see the court of	discussed this orievance with Liand the due process & lause NVE DENT and asked access and appear of the suppome hine and to toping one to the major machine and the land mailed my appealing of the Not received them he met on the Not received them he met on the land of the gove another request which make and I need 900 toping on hin enevel opes per month and and appeal of the Copp Machine and AVAIL. Athank you for your
time, co-speration and con	2 Octobrition Zn this MAHER
	In Christ JESUS
	Jemi Rankine
	- Common
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □
Staff Member Name //	Date

DC-80° Case 1:04-cv-00100-SJM-SPB Document 116-6 File CON 1-2/NOVE ALTHOUS PENNS VLVANIA Part 3

_PARTMENT OF CORRECTIONS OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:	May 24, 2004	FOR OFFICIAL USE ONLY 84727			
SUB IECT	Crievanae Rejection Form	GRIEVANCE NUMBER			
SUBJECT	: Grievance Rejection Form				
го:	Mr. Rankin, F Unit D Pod				
FROM:	Sharon L. D'Eletto Superintendent's Assistant				
	ed grievance is being returned to you because you have failed to comply we evance System:	vith the provision(s) of DC-ADM 804,			
1	Grievances related to the following issues shall be handled according to policies listed and shall not be reviewed by the Facility Grievance Coordin				
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804. 				
2	Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.				
3	The grievance does not indicate that you were personally affected by a Department or facility action or policy.				
4	Group grievances are prohibited.				
5. <u>X</u>	The grievance was not signed and/or dated.				
6	Grievances must be legible and presented in a courteous manner.				
7	_ The grievance exceeded the two (2) page limit. Description needs to be brief.				
8	_ Grievances based upon different events shall be presented separately.				
9	_ The grievance was not submitted within fifteen (15) working days after the events upon which claim are based.				
10	You are currently under grievance restriction. You may not file any grievance				
I1	Date Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.				
12	_ The issue(s) presented on the attached grievance has been reviewed and addressed previously.				
Additional (Comments:				

SLD:tls

FILE cc: DC-15

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598 FOR OFFICIAL USE ONLY **GRIEVANCE NUMBER**

0	F	F	ICIA	_ INMAT	E GRIE	VANCE
---	---	---	------	---------	--------	-------

OFFICIAL INMATE GRIEVANCE	
TO: FACILITY GRIEVANCE COORDINATOR	SCI- Greens May 22, 2004
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:
INSTRUCTIONS:	RHU MOS
 Refer to the DC-ADM 804 for procedures on the State your grievance in Block A in a brief and un 	
Today Clo Stickles -	TURNED ON THE EMERGENCY DAID ON WHAT'S UP YOU PIECE
Ashit rapist" you are	estill A piece of shit and
you are going to die Ray	Kine, We aregoing to get
you rigger unless up	udo what 9 Want you AVEA
aeta Nigger CIO Sti	ckles, finderson, Blakerand
	doing the Above since March
6, 2004 to the pres	Ellith Constant and
PERSONAL CONTRIBUTION	E With Superintendent and
PRC YEQUESTED.	
B. List actions taken and staff you have contacted, Shave Filed Numerous	
	refective custody From (10)
Stickles, Hendersen, H	Henry, Blakers Anderson ect
again of would like A F	Ermanent DEPARAtion From
the Above St. A FI MEMB	ET BECAUSE Jam Zn FEATOF
Your grievance has been received and will be proceed	essed in accordance with DC-ADM 804.
Signature of Facility Grievance Coordinator	Date

COMMONWEALTH OF PENNSYLVANIA **DEPARTMENT OF CORRECTIONS** SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 June 3, 2004

SUBJECT: Appeal of Rejected Grievance 84727

TO: Mr. Rankin, EU-5850

F Unit, D Pod

Sarkson Fel FROM: Zouis S. Folino

Superintendent

I am in receipt of your May 28, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 84727. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated May 24, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC: **Deputies**

CSA Grievance File at 84727

DC-15 EU-5850

Form DC-135A	Commonwealth of Pennsylvania	
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections	
Grievance # 84727	INSTRUCTIONS	
(A) : :	Complete items number 1-8. If you follow instructions in	
HPPEAL TO	preparing your request, it can be responded to more	
WPT FILL T	promptly and intelligently.	
1. To: (Name and Title of Officer)	2. Date:	
Superintendent Jins	MAG 28, 2004	
By: (Print Inmate Name and Number)	4. Counsejor's Name	
DERRICK KANKING EU 5850	Mr. Ivan	
	5. Unit Manager's Name	
demur anune	Carlai Hall	
Inmate Signature	Captain 1111	
Work Assignment	7. Housing Assignment	
	KHU F1D-9	
8. Subject: State your request completely but briefly. G	ive details,	
TE & STATE OF THE	dated MAG 22, 2004. The grievance	
	arisvance and Do have allowed Cly	
Stickles Blaker Hendersen, And	Erson and Bowlin to continue	
coming to my cell to threater	TED MY LIVE CALLED ME NAMES	
such As rabiotichild molester A		
to difer et and chilling, mE A		
MAG 28 2004 and MET 2000	and ansur STAFF VELLMOFED to	
	MENT	
Gonin) would like to be placed in Intertive Custody From		
12 Anderson Stickles Biblier Bublin, Henra Schurb COV, and		
HENJEYSEN as these thrents an	I NAME calling continue > From.	
	reatedly reported them moutellined	
to do anothina 2 znformed Secretary BEARD OF All the House SN		
MAY 28, 2 SOLL ; and DEPUTY Shaffer MET TO AU THEY THREATENED TO		
	V Engelhand.	
19 N. Tropo, South and Station of the Property of the State of the Sta		
9 thank assuin Advance For a	our time co-operation and cuin	
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ATED and DO AND have relliped	O GAVE ME THE DUPPLIES TO FILE MY	
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DENT THESE IMEN to threatened ,	no Ville and asspulted me and	
ALTAIN HALL Mr. Ivan Mr Bear	d and all the members of the Pro	
have considered with the above	individuals to denied me ALLESS	
to the Courts and then to abu	DED and murder, MAKE, NO mistrike	
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Family ill am muratered in any institution.		
To DC-14 CAR only	y To DC-14 CAR and DC-15 IRS □	
1000 HOLLING TOWNS	2 10 DO 14 OAK WIND DO-10 IKO LI	
Staff Member Name	Date	

DC-804 Case 1:04-cv-00100-SJM-SPB Part 3

Document 116-6

6-6 File GOMMANDE ALTH OF PENNSYLVANIA PARTMENT OF CORRECTIONS OFFICE OF THE SUPERINTENDENT'S ASSISTANT SCI-GREENE

FOR OFFICIAL USE ONLY 84714 DATE: May 24, 2004 **GRIEVANCE NUMBER** SUBJECT: Grievance Rejection Form Mr. Rankin, TO: Mnitt D Ped Sharon L. D'Eletto FROM: Superintendent's Assistant The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System: Grievances related to the following issues shall be handled according to procedures specified in the 1. ____ policies listed and shall not be reviewed by the Facility Grievance Coordinator: DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. a. DC-ADM 802-Administrative Custody Procedures. b. Other policies not applicable to DC-ADM 804. C. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form. 2. The grievance does not indicate that you were personally affected by a Department or facility action or policy. Group grievances are prohibited. 4. 5. <u>X</u> The grievance was not signed and/or dated. Grievances must be legible and presented in a courteous manner. The grievance exceeded the two (2) page limit. Description needs to be brief. 7. ____ 8. Grievances based upon different events shall be presented separately. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based. You are currently under grievance restriction. You may not file any grievances until 10. Date Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility. The issue(s) presented on the attached grievance has been reviewed and addressed previously. Additional Comments:

SLD:tis

cc: FILE DC-15

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

CAMP HILL, PA 17001-0598 GRIEVANCE NUMBER		GRIEVANCE NUMBER
OFFICIAL INMATE GRIEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	EACILITY:	ATAU 22, 2001
FROM: (INMATE NAME& NUMBER)	SIGNATURE OF INMARES	1 19 22, 2 34
LERRICK RANKINE EU5850		intiné
BIODOLARY TELEPTEQUESTEL	HOUSING ASSIGNMENT:	
INSTRUCTIONS FERMANDENTS ERRY	HON Eximals	RIAKELHENIERS
INSTRUCTIONS: TETMANENTS EPATA Refer to the DC-ADM 804 for procedures on the inn State your grievance in Block A in a brief and under	nate grievance system.	by Aller Helder
List in Block B any actions you may have taken to re members you have contacted.	solve this matter. Be sure	to include the identity of staff
A. Provide a brief, clear statement of your grievance.	Additional paper may be us	and maximum hua nagas
0 101 100 100		Ker on orders
From Lt Meighen, HAVE de	initia mic	ainner ist
EXAMPLE ON MANJAY MAY!	J CIO RIBILEL	BOMIN and PING
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denied me my dinner MAY	19 CO BIAKE	en/Hendersen
denied me my dinner MA	26 C/1 12 1AV	et denied me my
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and supplies dening until o	I la port of la sign	TO WIN TOPTONE
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draw my LAW suits agains	rsci-urbene	s, Albion and Somer
SET 3 Withdraw my crimin	al HABIENTS OF	OIE! O', HAVE NO
ententions of doing any	or the Ab	pue under any
Circumstances Personal Col	Merence Wi	th Superintendent 17594
B. List actions taken and staff you have contacted, bef	ore submitting this grievan	ice.
B. List actions taken and start you have contacted, ber B. KEL TO SPERK TO RHULT The Form Electronic and Start you have contacted, ber	con May 17 19	6 19,20,21 and
Zh Form El Sot WAIZAG and	It MEIGHEN	on May 21, 2004.
Dhave also been Asking For	1 phytective ca	study Francio
Thermal Sot GAUZAO and Shave also been Asking for Blaker, Anderson, Stickle	s and Hender	sen and Henriagt
From March 6 2001 In I	ne lab relat	HIME to NO AVAIL
o also, filed For A bute the	JEST AND CHI	minm charges
Contract Literal States and Literal		
Your grievance has been received and will be processed	ed in accordance with DC-	ADM 804.

Signature of Facility Grievance Coordinator

Date

OFFICE OF THE & PERINTENDENT'S ASSISTANT SCI-GREENE

DATE:

June 1, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

F Unit, D Pod

FROM:

Acting Superintendent's Assistant

FOR OFFICIAL USE ONLY 85269 **GRIEVANCE NUMBER**

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System: Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator: DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. a. DC-ADM 802-Administrative Custody Procedures. b. Other policies not applicable to DC-ADM 804. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form. 2. The grievance does not indicate that you were personally affected by a Department or facility action or policy. Group grievances are prohibited. 5. <u>X</u> The grievance was not signed and/or dated. Grievances must be legible and presented in a courteous manner. The grievance exceeded the two (2) page limit. Description needs to be brief. 7. Grievances based upon different events shall be presented separately. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based. You are currently under grievance restriction. You may not file any grievances until Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

DD:tls

CC:

FILE DC-15

Additional Comments:



Document 116-6

Filed 01/12/2007 Pa

)7 Page 44 of 46 FOR OFFICIAL USE ONLY

85269

GRIEVANCE NUMBER

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598

CAMP HILL, PA 17001-0598

OFFICIAL INMATE GRIEVANCE		6/13
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
Sharon DEletto	SCI-Greens	MAy 29, 2004
PROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	
DERRICK KANKINE EU5850	Jemisk Kan	ikiné
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	
	RHU FID	٩,

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2. State your grievance in Block A in a brief and understandable manner.
- 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

Cince Allow All Dull staff. In Class the Theolhold

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Circle Cit 20104, Killy Still I back his Cit Coop, hehry engenin	(tu)
Schnar, Frompson, Bowen, Manberry, Rausenwinder and	
Stephen continues to deny me my bequested supplies in	
Stephen continues to deny me my dequested supplies in an effort to cover-up the Abuses that he being done	
To me and Superintendent Faling and Cawain Hall etect	
CONTINUES to Support these Abuses on Wednesday	
Was lenged all supplies by Clockhappen llender-en (N	
05129104,0 asked Clu Engelhand Par 12 requests 12 grie	5
05/29/04,0 asked Clu Engelhardt For 12 requests, 12 grie Vances, 12 cash slips and 12 sick call requests and Swas given Li requests, 3 grievances, 2¢ Ash slips and 2 sick call	
given Li request, 39 rievances, 2 Chsh blips and 2 sick chill	
SILPSO NAVE LOTTEVANCE APPEALS TO THE WILLS AND MOVIMENT	H.,
24 OINER APPEALS TO DE MED TO CAMPHILAND THE SUPERINT	MEN
24 other Appends to be filed to Camphilland the Superinters of the Sup	4
Server actions taken and staff you have contacted, before submitting this grievance. Server	
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Tanner and Hay wood wet Nothing was done & Intermed	
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CHACK - FIGHT IN A CH C / C / C / C / C / C / C / C / C /	

Your grievance has been received and will be processed in accordance with DC-ADM 804.

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Dato and Do

41104

Date

Signature of Facility Grievance Coordinator

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 June 7, 2004

SUBJECT: Appeal of Rejected Grievance 85269

TO: Mr. Rankin, 3850

F Unit, D Pod

FROM: Louis S. Folino

Superintendent

I am in receipt of your June 4, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 85269. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 1, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC: Deputies

CSA Grievance File at 85269

DC-15 EU-5850

Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
^	INSTRUCTIONS
GriEvance AppEAl	Complete items number 1-8. If you follow instructions in
11857/9	preparing your request, it can be responded to more
1 To (Name and Title of Officer)	promptly and intelligently. 2. Date:
1. To: (Name and Title of Officer) Gaperintendent Folino	June 4, 2004
3. By: (Print Inmate Name and Number)	4. Counselor's Name
DERRICK RAPKINE EU 5850	Mr. Ivan
N 12 D 12 4	5. Unit Manager's Name
demon Canking	
Inmate Signature	Captain MAII
6. Work Assignment	7. Housing Assignment
	1)1101 110 (1
8. Subject: State your request completely but briefly. G	
Thus grievance who signed a	nd date with my covret infine
	CE With ME
	from Sat Panner continues to
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slips and treent zn retaliation	on flor flating A civil KAW buit
agginst SCI- Greenes staff	For Example on Wednesday John
3, Clostickies Henry and I-na	
requests to start cash slips	THEME and DILK CALL STEPS FIGHT NOW
D HAVE NO TIPPLE FROM OUNE ?	
	Reportiully
	10000
	Jeneth antene
9 / Response (This Section for Staff*Response Only)	"一个,我们就是一个的。""我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
	
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS
	· ·
Staff Member Name	Date
Print	Sign

Sign